

August 1, 2006

Susan Russ Walker  
United States Magistrate Judge  
United States District Court  
P.O. Box 711  
Montgomery, Al 36101-0711

RECEIVED  
2006 AUG -3 A 10:19  
TERESA R. HACKETT, CLK  
U.S. DISTRICT COURT  
MONTGOMERY, AL  
06cv305

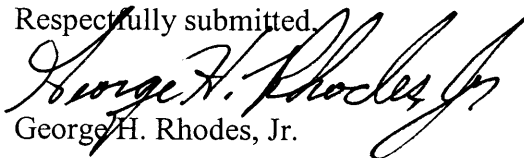
Honorable Susan Walker:

I was recently discharged from the Southeast Alabama Medical Center on Monday, July 31, 2006, because of a high-grade fever and low white blood cell count, which was detected on Thursday, July 27, 2006 after entering the emergency room.

As it stands now, I am left with no choice but to request for a second extension of time for thirty (30) days to submit a response to the defendants' special report and answer due to my neutropenic condition.

Enclosed are copies of the physician discharge orders and patient discharge instructions.

Respectfully submitted,

  
George H. Rhodes, Jr.

cc: Gary C. Sherrer  
Sherrer, Jones & Terry, PC  
File

**PHYSICIAN DISCHARGE ORDERS****RHODES JR, GEORGE HENRY**

DRUG/FOOD/NLKA/NDM

400545 2816321 4/06/65 041Y M  
SYED, MOHSIN 7/27/06

bottom edge of patient label

Discharge patient: ☐ Today ☐ Other \_\_\_\_\_☐ No ACE I / ARB due to \_\_\_\_\_☐ Give smoking cessation information☐ Daily weight. Call physician for weight gain > \_\_\_\_\_ lbs in 24 hours☐ Regular Diet ☐ Na/Fluid Restriction \_\_\_\_\_ ☐ Other \_\_\_\_\_

May Return to Work: \_\_\_\_\_ Activity: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Therapy: ☐ PT ☐ OT ☐ Speech Instructions: \_\_\_\_\_Home Health: ☐ Yes ☐ No Cardiac Rehab: ☐ Yes ☐ No

Other: \_\_\_\_\_

Follow-up Appointments with: \_\_\_\_\_

**When used as a prescription, please complete all boxes, fill in DEA numbers, address and phone number.****Note: Class II drugs require separate prescription.**

MEDICATION / DOSE / ROUTE / FREQUENCY / SIG. AMOUNT	USE AS RX	# OF REFILLS	PRODUCT SELECTION PERMITTED	DISPENSE AS WRITTEN	LABEL	Class II Rx Given to pt
Duragesic patch 25mg q-3 days	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
atenolol 25mg q day	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefitin 500mg BID x 10 days	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colace 100mg q BID	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron (ferrous sulfate) 325mg TID	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
propranolol 25mg q 4h prn nausea	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
morphine sulfate 15mg q 4h prn pain	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Name: \_\_\_\_\_ When used as Rx: ☐ original given to patient ☐ copy placed on chartDEA Reg. #: \_\_\_\_\_ AL Reg. #: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ M.D./D.O. \_\_\_\_\_ Date: 7/27/06

Physician Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Southeast Alabama  
**MEDICAL  
CENTER**

**PATIENT DISCHARGE INSTRUCTIONS**

RHODES JR, GEORGE HENRY

DRUG/FOOD/NLKA/NDM

400545 2816321 4/06/65 041Y M

SYED, MOHSIN

7/27/06



Bottom edge of patient label

MEDICATIONS/DOSAGE	ROUTE	FREQUENCY	TIME (S)
Diclofenac 75mg	Oral	Twice daily	
Aspirin 81mg	Oral	Once daily	
Cefixime 300mg	Oral	Twice daily	
Clonidine 0.1mg	Oral	Twice daily	
Levothyroxine 0.1mg	Oral	Once daily	
Simvastatin 40mg	Oral	Once daily	

**PATIENT EDUCATION/TEACHING:**Smoking Cessation Instructions given: ☐ Yes ☐ No ☐ N/A Continue Smoking Cessation if former smoker: ☐ Yes ☐ No ☐ N/A☐ CHF: Booklet given, diet, activity, follow-up with physician, daily weights, signs & symptoms CHF worsening, when to call MD, medicationsDiagnosis specific: CHF, HTN, DM, COPD, IHD, PVD, PAD, Aortic Aneurysm, Aortic Dissection, Aortic Stenosis, Aortic Regurgitation, Mitral Regurgitation, Mitral Stenosis, Tricuspid Regurgitation, Tricuspid Stenosis, Pulmonary Hypertension, Pulmonary Embolism, Deep Vein Thrombosis, Peripheral Vascular Disease, Peripheral Artery Disease, Peripheral Neuropathy, Diabetes Mellitus, Hypertension, Hyperlipidemia, Hypercholesterolemia, Hypothyroidism, Hypoparathyroidism, Hypopituitarism, Hypoadrenalism, Hypogonadism, Hypoparathyroidism, Hypopituitarism, Hypoadrenalism, Hypogonadism☐ Verbalizes understanding of education

Vital Signs at time of discharge: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ Pain Rating: \_\_\_\_\_

Diet Instructions: \_\_\_\_\_ Activity: \_\_\_\_\_

Equipment: \_\_\_\_\_ Home Health: \_\_\_\_\_

Appointments: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Acknowledgement: I understand instructions. I have received my personal belongings, home medications and/or prescriptions.

Signed: \_\_\_\_\_ Mode of Transport: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of person with whom patient is discharged: \_\_\_\_\_

Destination &amp; Address: \_\_\_\_\_

Phone number where patient can be reached after discharge: \_\_\_\_\_

Nurse's Signature &amp; Title: \_\_\_\_\_

Southeast Alabama  
**MEDICAL  
CENTER**